



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4510

SERIAL NUMBER 10/812,737	FILING OR 371(c) DATE 03/30/2004 RULE	CLASS 435	GROUP ART UNIT 1634	ATTORNEY DOCKET NO. 4231/2055G
------------------------------------	---	---------------------	-------------------------------	--

APPLICANTS
 Choong-Chin Liew, Toronto, CANADA;

**** CONTINUING DATA ******* *98*
CIP
 This application is a ~~Div~~ of 10/802,875 03/12/2004 which is a CIP of 10/601,518 06/20/2003
 which is a CIP of 10/086,783 02/28/2002
 which claims benefit of 60/271,955 02/26/2001
 and claims benefit of 60/275,017 03/12/2001
 and claims benefit of 60/305,340 07/13/2001
 This application 10/812,737 which is a
 is a CIP of 10/268,730 10/09/2002
 which is a CON of 09/477,148 01/04/2000 ABN
 which claims benefit of 60/115,125 01/06/1999

**** FOREIGN APPLICATIONS ******* *98*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 05/07/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CANADA	SHEETS DRAWING 34	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 5
---	---	-----------------------------------	-----------------------------	---------------------------	--------------------------------

Verified and Acknowledged
 Examiner's Signature _____ Initials _____

ADDRESS
 29933

TITLE
 METHOD FOR THE DETECTION OF BLADDER CANCER RELATED GENE TRANSCRIPTS IN BLOOD

FILING FEE RECEIVED 1041	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---